PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-07

CERTIFICATE OF DEATH

11544

Reg. Dist. No. 9-0

1. PLACE OF DEATH:

County Cecil

City or town Earleville RD 1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Earleville RD 1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William T. Arrants

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife Addie M. Arrants

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 14 1871

8. AGE: Years 69 | Months 3 | Days 22 | If less than one day ... hrs. ... min.

9. Birthplace Elkton RD 1 Elk Neck (Town, county, and state)

10. Usual occupation Bohemia Straw Bridge, Tender

11. Industry or business

FATHER 12. Name John W Arrants

FATHER 13. Birthplace Elkton RD 1 Elk Neck

MOTHER 14. Maiden name Annie Pusey

MOTHER 15. Birthplace Elkton RD 1 Elk Neck

16. Informant Mrs Addie M Arrants

Address Earleville RD 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 8 1940 (month) (day) (year)

Cemetery or crematory Bethel

Location Chesapeake City Md RD

18. Funeral director W. W. Pippin

Address Elkton, Md

19. Nov 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June X 1932, to Nov 5 1940

and that I last saw h-- alive on Oct 10 1940

Immediate cause of death	DURATION
Acute dilatation of heart	instantaneous
Due to Overexertion	Nov 5, 1940
Due to Cardiac muscular renal decay	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry J Davis M.D.

M. D. or other

Address Chesapeake City Md Date signed 11/7/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11545

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 11 mos.

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: W.Va. County: Raleigh

City or town: Prosperity
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: World

3.(a) FULL NAME: BELCHER, Corbett W.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6, 1896

8. AGE: Years	Months	Days	If less than one day
44	6	24	hrs. min.

9. Birthplace: Eight Mile, W.Va.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Construction Work

FATHER
12. Name: Name Unknown - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mrs. Helen Belcher
15. Birthplace: Unknown

16. Informant: Hospital Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12-2-40 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Eastbank, W.Va.

18. Funeral director: Pennington & Son
PENNINGTON & SON

Address: Havre de Grace, Md.

19. 12-2- (Date rec'd by registrar) 19 40. Irene E. Haughty (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30 19 40, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31 19 36, to November 30 19 40 and that I last saw him alive on November 30 19 40

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions	
Infection of left foot (Include pregnancy within 3 months of death)	2 weeks

Major findings of operations: --

Date of op. --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of --

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 12-2-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121-a)

CERTIFICATE OF DEATH

11546

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8½ days
Stay in this community (yrs., or mos., or days): 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Biddle St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Walter Henry Biddle

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie Biddle
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 12 1872

8. AGE: Years	Months	Days	If less than one day
68	1	20	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: —

FATHER
12. Name: Biddle
13. Birthplace: no information

MOTHER
14. Maiden name: Mary Mason
15. Birthplace: no information

16. Informant: Mrs Annie Biddle
Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4 1940 (month) (day) (year)
Cemetery or crematory: Bethel Chesapeake City Md RD
Location: Bethel Cecil Co Md

16. Funeral director: H & W Pippin
Address: Elkton Md

19. Nov 4 1940 (Date rec'd by registrar) H R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Nov 1 1940, and that I last saw him alive on Nov 1 1940

Immediate cause of death	DURATION
Uremia	Nov 1940
Cardiovascular renal disease	Oct 1940
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Henry J Davis MD M. D. or other
Address: Chesapeake City Md Date signed 11/7/40

CEIVED
DEC 5 1940
REAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11547

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (30-g) not CB

County Cecil Registration Dist. No. 90

Village or City Warwick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurrad ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Marion Blake If U. S. Veteran, specify WAR

(a) Residence: No. middletown Del. R. F. D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Olivia Blake

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosie Charlotte

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosa Blake

(Address) middletown Del. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL

Place Church Town Cmty Data Nov 7, 1940

19. UNDERTAKER G. Lester Daniels

(Address) Wurtsburg Del.

20. FILED Nov. 6th, 1940 Irving Busbar

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1940, to Nov. 2, 1940

I last saw him alive on Nov. 2, 1940; death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tertiary syphilis	?
Other Contributory Causes of Importance:	
Intestinal toxemia	?
Uremia	
Bad carious teeth	

Name of operation none Date of

What test confirmed diagnosis? Serology Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Emerson Hauck M. D.

(Address) Salem, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11548

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr. 8 mos. 21 days
Hospital, institution, or street address where death occurred:
Veterans' Administration
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Sussex
City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)
Street No. RED #1
(If rural, give LOCATION)
2.(a) If veteran, name war: World

3. (a) FULL NAME: CAREY, John Wesley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife: --
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 25, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	2	____ hrs. ____ min.

9. Birthplace: Worcester County, Md.
(Town, county, and state)
10. Usual occupation: Farmer & saw mill worker
11. Industry or business:
FATHER 12. Name: Richard Carey deceased
13. Birthplace: Near Snow Hill Md.
MOTHER 14. Maiden name: Jane Dasal deceased
15. Birthplace: Unknown Near Snow Hill Md
16. Informant: Hospital records
Address: Perry Point. Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 27, 1940. (month) (day) (year)
Cemetery or crematory: Unknown
Location: Salisbury, Maryland.
18. Funeral director: Walter R. Holloway
Address: HOLLOWAY & COMPANY Salisbury, Md.
19. Nov. 27, 1940. (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1940, at 11:11 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 1939 to Nov. 27, 1940
and that I last saw him alive on November 27 1940

Immediate cause of death	DURATION
Pneumonia, lobar	1 day
Due to	
Due to	
Other conditions	
Psychosis with paralysis agitans (Include pregnancy within 3 months of death)	Unknown

Major findings of operation: --
Date of op. ---
Autopsy results: --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of ____
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration Perry Point, Md. Date signed: 11-27-40

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DEC 4 1940
U. S.

NOV 29 19
Veterans Ad

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-c)

11549

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Bank St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Burdie Linn Carter

3. (b) Social Security Number:

4. Sex: Femal
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Geo G. Carter
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov 11 - 1869
8. AGE: Years: 71 Months: 7 Days: 20 If less than one day: hrs. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John Linn
13. Birthplace: Ireland
MOTHER 14. Maiden name: Catherine Bernard
15. Birthplace: Ireland
16. Informant: Mrs Clarence B Carter
Address: Chesapeake City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Near Chesapeake City Md
18. Funeral director: Florence E Abercrombie
Address: Elkton Md R.F.D. 3
19. Nov 2 1940 (Date rec'd by registrar) Mrs R H Reese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st, 1940, at 7.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from found dead 19 to 19,
and that I last saw h alive on 19.

Immediate cause of death: acute Dilatation of Heart — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John B. Shrier M D coroner
M. D. or other
Address: Rising Sun Md. Date signed 11-1-1940

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

11550

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH

County: Cecil

City or town: Rowlandsville Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rowlandsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Franklin P. Dekalb

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ella Dekalb

7. Birth date of deceased (mo., day, yr.): Nov 6 1852

6.(c) If alive, give age ..... years

8. AGE: Years	Months	Days	If less than one day
88		19	..... hrs. ..... min.

9. Birthplace: Pa. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: unknown

13. Birthplace: unknown

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown

16. Informant: Georgianna Copeland

Address: Rowlandsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 28 1940 (month) (day) (year)

Cemetery or crematory: Harmony Chapel

Location: Rowlandsville Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. Nov 27 1940 (Date rec'd by registrar) Registrar

Permit issued Nov 27 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25th 1940 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19 to 19

and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrage	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pubilc place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Blair M D coroner (M. D. or other)

Address: Rising Sun Md Date signed 11-26-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-e)

11551

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Near Cecilton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: nor a Veteran

3. (a) FULL NAME: Charles M Dilks

3. (b) Social Security Number: 217-07-5055

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Nora Dilks

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 29, 1882

8. AGE: Years: 58 Months: 8 Days: If less than one day ..... hrs. ..... min.

9. Birthplace: North East, Md
(Town, county, and state)

10. Usual occupation: Lead Blower

11. Industry or business

FATHER
12. Name: Stephen Dilks
13. Birthplace: Maryland

MOTHER
14. Maiden name: Clara Wyre
15. Birthplace: Maryland

18. Informant: Stephen Dilks
Address: Elkton, R.D.# 5 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 2, 1940 (month) (day) (year)

Cemetery or crematory: Elkton Catholic

Location: Elkton, Md.

18. Funeral director: Joseph R. Grant
Address: North East, Md.

19. Nov 30 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 29 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Found 19..., to ..... 19.....
and that I last saw h..... alive on dead 1030 a m 1940

Immediate cause of death: acute dilatation of heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Slicer MD Coroner
M. D. or other

Address: Rising Sun Date signed 11/30 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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T

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134-C)

CERTIFICATE OF DEATH

11552

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun (Royal near)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rising Sun (Royal near) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 miles North of Rising Sun

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Carlos E. Duncan

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1922

8. AGE:

Years	Months	Days	If less than one day
18	1	3	hrs. min.

9. Birthplace: Va.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER

12. Name: Edgar T. Duncan

13. Birthplace: Carrol Co., Va.

MOTHER

14. Maiden name: Effie Duncan

15. Birthplace: Floyd Co. Va

16. Informant: Edgar T. Duncan

Address: Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-1940 (month) (day) (year)

Cemetery or crematory: Brookview

Location: Rising Sun, Md.

18. Funeral director: Ralph M. Reed

Address: Rising Sun Md

19. Nov. 17 1940 (Date rec'd by registrar) L M Whittington Registrar

Permit issued 11-17-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1940, at 10 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940, to November 1940, and that I last saw him alive on Nov 1 1940

	DURATION
Immediate cause of death: Nephritis	Years
Due to:	
Due to:	
Other conditions: Myocarditis	Year
Chronic Bronchial Asthma	10 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: F. B. Robinson M.D.
M. D. or other

Address: Oxford Pa Date signed: Nov 15 40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

11553

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County
City or town Richmond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2206 East Broad Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hamilton

3. (b) Social Security Number

4. Sex —

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 23 - 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Elkton, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Erwin Callie Hamilton
13. Birthplace Virginia

MOTHER
14. Maiden name Callie Lee Ellen Acors
15. Birthplace Virginia

16. Informant Mrs. Erwin Hamilton
Address 2206 East Broad Street
Richmond Virginia

17. Date thereof
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location

18. Funeral director None
Address

19 Dec 4 1940 F R Fraze
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

	DURATION
Immediate cause of death: 7 mos. Miscarriage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert Bolton M. D. or other
Address Elkton Md Date signed 11/23/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11554

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Childs (Elkton R D)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Childs (Elkton R D)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Harmon B. Hayes

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Eliza J. Hayes
6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): Aug 15 1855

8. AGE: Years	Months	Days	If less than one day
85	3	8	hrs. min.

9. Birthplace: Middletown Delaware
(Town, county, and state)
10. Usual occupation: retired Flour miller
11. Industry or business:
FATHER 12. Name: Robert P Hayes
13. Birthplace: Middletown Del
MOTHER 14. Maiden name: Sarah A Foster
15. Birthplace: Elkton Md R D 1
16. Informant: Mrs Eliza J Hayes
Address: Elkton Md R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 26 1940 (month) (day) (year)
Cemetery or crematory: New Leeds
Location: New Leeds Elkton Md R D
18. Funeral director: H. W Pippin
Address: Elkton Md
19. Nov 25 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 23 1940 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925 to Nov 23 1940 and that I last saw h-- alive on Nov 22 1940

Immediate cause of death	DURATION
Cardio-vascular-renal disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Herbert Bates, M. D.
M. D. or other
Address: Elkton Md Date signed: 11/23/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11555

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Cokesbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 35 years
Hospital, Institution, or street address where death occurred:
R. 7. Dl. 1 Port Deposit.
How long in hospital or institution? 7 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Cokesbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. 7. Dl. 1
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Hezekiah Herod

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): About 1881

8. AGE: Years: About 59 | Months: x | Days: x | If less than one day: ..... hrs. ..... min.

9. Birthplace: Port Deposit, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: David Herod
13. Birthplace: Port Deposit

MOTHER
14. Maiden name: Rachel Preston
15. Birthplace: Port Deposit

16. Informant: Mrs Cathrine B. Taylor
Address: Cokesbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 5 1940 (month) (day) (year)
Cemetery or crematory: Cokesbury M. E.
Location: Cokesbury Maryland

18. Funeral director: Edward E. Bullock
Address: Havre de Grace, Md.

19. Nov. 4, 1940 (Date rec'd by registrar) Irene E. Haughton, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 3 1940, at 4:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1 1940, to Nov. 3 1940
and that I last saw h[illegible] alive on Nov 2 1940

Immediate cause of death	DURATION
Chronic myocarditis	7-25-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Claude L. Cowan M.D.
M. D. or other
Address: Havre de Grace Date signed 11-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11556

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Union Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Elkton RFD 5

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

(Still-born) Hickman

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: **

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 13 1940

8. AGE: Years	Months	Days	If less than one day
*	*	*	*hrs. min.

9. Birthplace: Elkton, Cecil County (Town, county, and state)

10. Usual occupation: *

11. Industry or business: *

FATHER 12. Name: Clyde Hickman

FATHER 13. Birthplace: Conowingo, Maryland

MOTHER 14. Maiden name: Margaret Foreaker ~~Kirk~~

MOTHER 15. Birthplace: Elkton, Maryland

16. Informant: Clyde Hickman

Address: Elkton, R.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14, 1940 (month) (day) (year)

Cemetery or crematory: Union Methodist

Location: Union, Maryland

18. Funeral director: Joseph R. Grant

Address: North East, Maryland

19. Nov 14 1940 (Date rec'd by registrar) H B Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November Oct 13 1940 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1940 to Oct 13 1940 and that I last saw h alive on Oct 13 1940

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Jos. J. Gutbrum M.D. M. D. or other

Address: Elkton md Date signed: 11/13/40

ECEIVED
DEC 5 1940
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11557

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 11 mos. 14 days

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1111 - 5th Street, N.W.,
(If rural, give LOCATION)

2.(a) If veteran, name war: World War ✓

3.(a) FULL NAME

HILL, James Walter

3.(b) Social Security Number
578-14-4125
~~Unknown~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Married

6.(b) Name of husband or wife: Viola Hill

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 1895

8. AGE: Years	Months	Days	If less than one day
45	0	Unknown	hrs. min.

9. Birthplace: Bushwood, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Various

FATHER 12. Name: George Hill - deceased

FATHER 13. Birthplace: Bushwood, St.Mary's Co., Md.

MOTHER 14. Maiden name: Josephine (?) Hill - deceased

MOTHER 15. Birthplace: Bushwood, St.Mary's Co., Md.

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland.

18. Funeral director: Pennington & Son. PENNINGTON & SON

Address: Havre de Grace, Md.

19. Nov. 6, 1940. (Date rec'd by registrar) Irma E. Daughaday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6, 1940, at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1938 to November 6 1940 and that I last saw him alive on November 6, 1940

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions -0	

(Include pregnancy within 3 months of death)

Major findings of operations: --

Date of op. --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury -- Injured at work?

23. SIGNATURE: W.L. Meng, M.D.
W.L. MENG, M.D., Act. Clinical Director
Address: Veterans' Administration, Perry Point, Maryland. Date signed: 11-6-40

RECEIVED
DEC 4 1940
U. S.

RECEIVED
NOV 12 1940
Veterans Administration
Facility

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11558

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil Md. ~~Cecilton Md.~~

City or town Cecilton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: About 50 yrs

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Cecilton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Rachel E. Jones

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Thomas P. Jones

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 21st 1854

8. AGE: Years 86 | Months — | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace: Cecil Co. Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: William Jones
13. Birthplace: Sussex Co. Del.

MOTHER
14. Maiden name: Mary J. Foxwell
15. Birthplace: Delaware

16. Informant: Mamie J. Benson
Address: Cecilton

17. Burrial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10/1940 (month) (day) (year)

Cemetery or crematory: Cecilton Cemetery

Location

19. Funeral director: John F. Coffage
Address: Cecilton, Md.

19. Nov. 9th 1940 (Date rec'd by registrar) Irving J. Buska Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 1940 at 7:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1940 to Nov 8 1940 and that I last saw her alive on Nov 6 1940

Immediate cause of death: Acute Dilation of heart — DURATION: Nov 8 1940

Due to: Fracture femur — Oct 20, 1940

Due to: Fall

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident — Date of Oct 20, 1940

Where did injury occur? At home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury: Fell — Injured at work? No

23. SIGNATURE: Henry V. Davis M.D. M. D. or other

Address: Chesapeake City Md. Date signed 11/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-1)

11559

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: North East R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: Not a veteran

3.(a) FULL NAME: Benjamin Mauldin Lum

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 16, 1885

8. AGE: Years	Months	Days	If less than one day
55	5	10	hrs. min.

9. Birthplace: North East, Cecil County, Md (Town, county, and state)
10. Usual occupation: Farmer- Druggist- Clerk
11. Industry or business

FATHER
12. Name: Jesse Fisher Lum
13. Birthplace: North East, Md

MOTHER
14. Maiden name: Julia Wilson Mauldin
15. Birthplace: Elk Neck, Md

16. Informant: Jesse Lum
Address: North East, R.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 29, 1940 (month) (day) (year)
Cemetery or crematory: North East Methodist
Location: North East, Md

18. Funeral director: Joseph R. Grant
Address: North East, Md

19. Nov 27 1940 (Date rec'd by registrar) H Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1940 at 10.30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Nov 27 1940 Dead

Immediate cause of death	DURATION
Chronic Endocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John B. Flier MD coroner
M. D. or other
Address: Rising Sun Md N Date signed: 11/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 170-C

11560

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil. Elkton.
City or town Rural Union Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Union Hospital
How long in hospital or institution? 7 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County New castle
City or town New castle RD
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no ✓

3. (a) FULL NAME Joseph Peterson

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Feby 25 1882

8. AGE: Years 58 | Months 8 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace Austria (Town, county, and state)
10. Usual occupation Restaurant owner
11. Industry or business
FATHER
12. Name John Peterson
13. Birthplace Austria
MOTHER
14. Maiden name Francisca Schmidt
15. Birthplace Austria
16. Informant Pauline Filippini
Address New castle Delaware
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23 1940 (month) (day) (year)
Cemetery or crematory Graceland Memorial Park
Location New castle R D
18. Funeral director H. W. Lippin
Address Elkton, Md
19. Nov 22 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 12.15 P M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from In union Hospital to ... 19...
and that I last saw h... alive on ... 19...
Immediate cause of death Fractured Skull

	DURATION
Due to Fractured Skull	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 11/21 1940
Where did injury occur? Near Elkton 40 Cecil Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Road No 40
Means of injury Auto accident Injured at work?

23. SIGNATURE John B Shaw M.D. coroner M. D. or other
Address Rising Sun Md Date signed 11/21, 40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11561

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Rising Sun (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Baby Reed

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 27. 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Elkton - Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Elmer P. Reed

13. Birthplace: Lancaster Co. Pa.

MOTHER

14. Maiden name: Pearl McCullough

15. Birthplace: Pilot town Md.

16. Informant: Elmer P. Reed

Address: Rising Sun. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28 1940 (month) (day) (year)

Cemetery or crematory: Oakwood Cemetery

Location: Conowingo R. F. D.

18. Funeral director: J. E. Dyson

Address: Rising Sun. Md.

19. Nov 27 1940 (Date rec'd by registrar) H. Brazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/27 1940 at 6.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/27 1940 to 11/27 1940

and that I last saw h[illegible] alive on 11/27 1940

Immediate cause of death	DURATION
Still Born.	
Due to: Impacted shoulders	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. L. Dodson M.D.

Address: Rising Sun Md. M. D. or other

Date signed: 11/27-40

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

11562

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city of town limits, write RURAL and give nearest town)

How long in above place of death? 82 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: not a veteran

3.(a) FULL NAME: Sylvester S. Reynolds

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Catherine Grant

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 5 1858

8. AGE: Years 82 | Months 3 | Days 22 | If less than one day: hrs. min.

9. Birthplace: North East Md (Town, county, and state)

10. Usual occupation: basket maker

11. Industry or business: Basket Factory

FATHER — 12. Name: Benj. Franklin Reynolds

FATHER — 13. Birthplace: Elkton, Md

MOTHER — 14. Maiden name: Elizabeth Claggle

MOTHER — 15. Birthplace: Elkton Md

16. Informant: Mrs Morton Reed

Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 30 1940 (month) (day) (year)

Cemetery or crematory: North East Methodist

Location: North East

18. Funeral director: Joseph R Grant

Address: North East Md

19. Nov 30 1940 (Date rec'd by registrar) L.V. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 27, 1940 at 7 a.15 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4, 1940, to Nov 27, 1940 and that I last saw him alive on Nov 27, 1940

	DURATION
Immediate cause of death: Uremia	
Due to: Arteriosclerosis	years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. C. Caudwell M. D. or other

Address: North East, Md Date signed: Nov. 30-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11563

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (159)

County Cecil — Registration Dist. No. 90

Village or City Warwick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Scott — if U. S. Veteran, specify WAR ____

(a) Residence: No. Warwick St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	premature infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 8th 1940

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Warwick (State or country) Md

FATHER

13. NAME James Scott

14. BIRTHPLACE (city or town) Smyrna (State or country) Del

MOTHER

15. MAIDEN NAME Helen Beers

16. BIRTHPLACE (city or town) Middletown (State or country) Del.

17. INFORMANT Mrs. James Scott (Address) Warwick - Md

18. BURIAL, CREMATION, OR REMOVAL Place Smyrna, Delaware Date Nov. 8th, 1940

19. UNDERTAKER Father James Scott (Address) Warwick Md

20. FILED Nov. 8th, 1940 Thomas Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 8 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 — 1940 to Nov 8 — 1940

I last saw her alive on Nov 8, 1940; daath is said to hava occurrad on the date statad above, at 8:30 A.m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralated causas of importanca were as follows:

	Date of onset
a premature infant	
about 6 1/2 months	
Other **Contributory Causes** of importanca:	
Pontoneau Delivery	
no doctor present	

Name of operation ____ Date of ____

What tast confirmad diagnosis? ____ Was there en autopsy? ____

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicida? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disaase or injury in any way ralatad to occupation of deceased? ____

If so, specify ____

(Signad) Catherine Goodson M. D.

(Address) Cecilton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e) (OB)

11564

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil

County

City or town Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution? 5 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New Castle

City or town Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 611 W 25th St

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Marjorie Way Sweetman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 6 1921

8. AGE:

Years	Months	Days	If less than one day
19.	4	28	..... hrs. ..... min.

9. Birthplace Wilmington Delaware

(Town, county, and state)

X 10. Usual occupation Student University Delaware

11. Industry or business

FATHER

12. Name Williard Sweetman

13. Birthplace 611 W 25th St Wilmington Del

MOTHER

14. Maiden name Bertha Everette

15. Birthplace Wilmington Delaware

16. Informant Mrs Willard Sweetman

Address 611 W 25th St Wilmington Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1940 (month) (day) (year)

Cemetery or crematory Grace Lawn Park Memorial

Location New Wilmington Del

18. Funeral director H. W. Pippin

Address Elkton Md

19. Nov 17 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 11.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Automobile accident 19 ..., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death Multiple fracture of skull & nose.

Due to Automobile accident.

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Nov 16 1940

Where did injury occur? Kent (City or town) County (County) Md (State)

Injured at home, farm, industry, public place (where?) 213 Highway

Means of injury Auto. accident Injured at work?

23. SIGNATURE John B. Blum MD coroner M. D. or other

Address Rising Sun Md Date signed 11/17-1940

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

11565

Reg. Diat. No. 95

1. PLACE OF DEATH:
County Calvert
City or town Calvert
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County
City or town Calvert Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME L. Dora Tice

3. (b) Social Security Number none

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife Daniel W. Tice

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1866

8. AGE: Years 73 | Months 10 | Days 22 | If less than one day: hrs. min.

9. Birthplace Otey, Montgomery Co. Va (Town, county and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name No information
13. Birthplace

MOTHER
14. Maiden name Kennett
15. Birthplace No information

16. Informant Robert Tice
Address Nottingham Co R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21, 1940 (month) (day) (year)
Cemetery or crematory Friends
Location Calvert. Md

18. Funeral director Joseph. R. Shaw
Address North East, Md

19. Nov. 20 1940 (Date rec'd by registrar) Lon Worthington Registrar

Permit issued 11-20-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Nov 18 1940, and that I last saw her alive on November 17 1940.

	DURATION
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions Gangrene left foot	2 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F.B. Robinson M.D.
M. D. or other
Address Oxford, Pa Date signed 11-18-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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DEC 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Benson
11566
Reg. Diat. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville, Rural near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 mo. 10 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Virginia County: Culpeper
City or town: Culpeper Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Maria Washington
3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Grover Washington
6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE:

Years	Months	Days	If less than one day
about 33 years			hrs. min.

9. Birthplace: Culpeper, Culpeper Co, Va
(town, county, and state)

10. Usual occupation: Housework.
11. Industry or business: Private Home

FATHER
12. Name: William Coleman
13. Birthplace: Culpeper, Va

MOTHER
14. Maiden name: Cindy Hayes
15. Birthplace: Culpeper, Va

16. Informant: C. S. Williams
Address: Perryville, Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 17, 1940
(month) (day) (year)
Cemetery or crematory: Culpeper
Location: Culpeper, Va.

18. Funeral director: Wm. A. Patterson.
Address: Perryville, Md.

19. Nov. 16, 1940 Jno. E. Daugherty.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15 1940, at 7-30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov. 14 1940
and that I last saw h alive on Nov. 14 1940.

Immediate cause of death: Acute Nephritis.

DURATION: 6 days

Due to:

Due to:

Other conditions: Chronic Ulcerated Colitis.

DURATION: 3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. J. Benson, M. D.
M. D. or other
Address: Port Deposit, Md. Date signed 11/15/40

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

11567

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos. 9 days

Hospital, institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparrows Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Box #273, Rt. #10
(If rural, give LOCATION)

2.(a) If veteran, name war: World

3.(a) FULL NAME

ZACIERKA, Joseph

3.(b) Social Security Number
213-07-5858
Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Mamie Barcikowski Zacierka

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1900

8. AGE: Years	Months	Days	If less than one day
40	8	17	..... hrs. ..... min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Steel Worker

11. Industry or business: Bethlehem Steel Company

FATHER
12. Name: John Zacierka - deceased
13. Birthplace: Poland

MOTHER
14. Maiden name: Blanche - name unknown - deceased
15. Birthplace: Poland

16. Informant: Hospital Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 9, 1940. (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

18. Funeral director: Pennington & Son
PENNINGTON & SON

Address: Havre de Grace, Md.

19. Nov. 9, 1940. Irene E. Haugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 1940, at 11:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 1940, to Nov. 8 1940 and that I last saw him alive on November 8 1940

Immediate cause of death	DURATION
Acute cardiac dilatation	
Due to	
Due to	
Other conditions	
Appendicitis, acute (Include pregnancy within 3 months of death)	6 hrs.

Major findings of operations: --

Date of op.: --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of .....

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Veterans' Administration

Address: Perry Point, Md. Date signed: 11-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 15 1940
BUREAU V. A.

RECEIVED
NOV 18 1940
Veterans Administration
Facility
Perry Point,
Maryland